

## Face Sheet for an Enhancement Grant

1. Name of Tribe or Alaska Native Village/Corporation

2. Applicant's Mailing Address

3. City

4. State

5. ZIP Code

6. DUNS Number

7. Name of Tribe's Chief Executive/Authorizing Official

8. Business Phone of Chief Executive/  
Authorizing Official

9. Name of Project Director ☐ Mr. ☐ Ms. ☐ Dr.

10. Business Phone of Project Director

11. Affiliation of Project Director (name of library, school, etc.)

12. Project Director's Mailing Address

13. City

14. State

15. ZIP Code

16. FAX Number of Project Director (if available)

17. E-mail Address of Project Director (if available)

18. Institutional Profile:

- Number of hours open per week
- Number of library staff
- Number of circulation transactions per year
- Number of holdings (books, subscriptions, media)
- Does the library have access to the Internet?
- Does the library provide public access to the Internet?
- Amount of operating budget for library services in most recently completed fiscal year

Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

19. Project Title: \_\_\_\_\_

20. Grant Amount Requested \$ \_\_\_\_\_

21. Amount of Cost Sharing \$ \_\_\_\_\_

22. Total Project Costs \$ \_\_\_\_\_

23. Grant Period (check one) ☐ one-year grant ☐ two-year grant

24. Digitization Project ☐ Yes ☐ No

# Project Budget Form

YEAR 1/PAGE 1

## SECTION 1: DETAILED BUDGET

**IMPORTANT! READ INSTRUCTIONS ON PAGES 4.10–4.12 BEFORE PROCEEDING.**

Name of Applicant \_\_\_\_\_

### **SALARIES AND WAGES (PERMANENT STAFF)**

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES</b>			<b>\$</b>		

### **SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)**

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES</b>			<b>\$</b>		

### **FRINGE BENEFITS**

RATE	SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
<b>TOTAL FRINGE BENEFITS</b>		<b>\$</b>		

### **CONSULTANT FEES**

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR Hrs) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL CONSULTATION FEES</b>			<b>\$</b>		

### **TRAVEL**

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE Costs	TRANSPORTATION Costs	IMLS	COST SHARE	TOTAL
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
<b>TOTAL TRAVEL COSTS</b>				<b>\$</b>		

# Project Budget Form

YEAR 1 / PAGE 2

## SECTION 1 CONTINUED

**MATERIALS, SUPPLIES AND EQUIPMENT**

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL COST OF MATERIALS, SUPPLIES &amp; EQUIPMENT \$</b>		_____	_____	_____

**SERVICES**

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL SERVICES</b>		<b>\$</b> _____	_____	_____

**OTHER**

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL COST OF OTHER</b>		<b>\$</b> _____	_____	_____

	IMLS	APPLICANT	TOTAL
<b>YEAR ONE DIRECT PROJECT COSTS</b>	_____	_____	_____

**INDIRECT COSTS**

IMLS will pay indirect costs only on the portion of the direct costs that are supported by IMLS funds. To calculate these charges, select either item A or B and complete C (see page 4.11 for an explanation of indirect costs).

Applicant is using:

- \_\_\_\_\_ A. an administrative fee which does not exceed 15% of direct costs (use only if you have no current Federally negotiated rate)
- \_\_\_\_\_ B. a current approved indirect cost rate negotiated with a Federal agency (copy of current rate agreement must be included with the application)

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Name of Federal Agency Effective dates of indirect rate as stated on agreement; must be in effect as of October 1, 2004.

C. Calculation of Indirect Costs (on funds requested from IMLS): \_\_\_\_\_ % of \$ \_\_\_\_\_ = \_\_\_\_\_  
 Rate Base Amount Indirect Costs

	IMLS	APPLICANT	TOTAL
<b>YEAR ONE INDIRECT COSTS CHARGED TO</b>	_____	_____	_____

	IMLS	APPLICANT	TOTAL
<b>YEAR ONE TOTAL PROJECT COSTS</b> (DIRECT AND INDIRECT COSTS)	_____	_____	_____

# Project Budget Form

## YEAR 2/PAGE 1 (IF APPLICABLE)

### SECTION 1: DETAILED BUDGET

Name of Applicant \_\_\_\_\_

#### SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES</b>			<b>\$</b> _____	_____	_____

#### SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES</b>			<b>\$</b> _____	_____	_____

#### FRINGE BENEFITS

RATE	SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
<b>TOTAL FRINGE BENEFITS</b>		<b>\$</b> _____	_____	_____

#### CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HRS) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL CONSULTATION FEES</b>			<b>\$</b> _____	_____	_____

#### TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	COST SHARE	TOTAL
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
<b>TOTAL TRAVEL COSTS</b>				<b>\$</b> _____	_____	_____

# Project Budget Form

YEAR 2/PAGE 2

## SECTION 1 CONTINUED

### MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL COST OF MATERIALS, SUPPLIES &amp; EQUIPMENT \$</b>		_____	_____	_____

### SERVICES

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL SERVICES \$</b>		_____	_____	_____

### OTHER

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL COST OF OTHER \$</b>		_____	_____	_____

	IMLS	APPLICANT	TOTAL
<b>YEAR TWO DIRECT PROJECT COSTS</b>	_____	_____	_____

### INDIRECT COSTS

IMLS will pay indirect costs only on the portion of the direct costs that are supported by IMLS funds. To calculate these charges, select either item A or B and complete C (see page 4.11 for an explanation of indirect costs).

Applicant is using:

- \_\_\_\_\_ A. an administrative fee which does not exceed 15% of direct costs (use only if you have no current Federally negotiated rate)
- \_\_\_\_\_ B. a current approved indirect cost rate negotiated with a Federal agency (copy of current rate agreement must be included with the application)

\_\_\_\_\_  
Name of Federal Agency

From: \_\_\_\_\_ To: \_\_\_\_\_  
Effective dates of indirect rate as stated on agreement; must be in effect as of October 1, 2004.

C. Calculation of Indirect Costs (on funds requested from IMLS): \_\_\_\_\_ % of \$ \_\_\_\_\_ = \_\_\_\_\_  
Rate Base Amount Indirect Costs

	IMLS	APPLICANT	TOTAL
<b>YEAR TWO INDIRECT COSTS CHARGED TO</b>	_____	_____	_____

	IMLS	APPLICANT	TOTAL
<b>YEAR TWO TOTAL PROJECT COSTS</b> (DIRECT AND INDIRECT COSTS)	_____	_____	_____

# Project Budget Form

## SECTION 2: SUMMARY BUDGET

**IMPORTANT! READ INSTRUCTIONS ON PAGE 4.10–4.12 BEFORE PROCEEDING.**

Name of Applicant \_\_\_\_\_

### DIRECT COSTS

	IMLS	APPLICANT COST SHARE	TOTAL
SALARIES AND WAGES	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____
CONSULTANT FEES	_____	_____	_____
TRAVEL	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____
SERVICES	_____	_____	_____
OTHER	_____	_____	_____
<b>TOTAL DIRECT COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>TOTAL INDIRECT COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**TOTAL PROJECT COSTS** \$ \_\_\_\_\_

<b>AMOUNT OF CASH CONTRIBUTIONS</b>	\$ _____
<b>AMOUNT OF IN-KIND CONTRIBUTIONS</b>	\$ _____
<b>TOTAL AMOUNT OF COST SHARING</b> (DIRECT AND INDIRECT COSTS)	\$ _____
<b>AMOUNT REQUESTED FROM IMLS</b> (DIRECT AND INDIRECT COSTS)	\$ _____

Have you received or requested funds for any of these project activities from another Federal agency? *(please check one)* ☐ Yes ☐ No

If yes, name of agency \_\_\_\_\_

Date \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

## Specifications for Projects Involving Digitization

1. Describe types of materials to be digitized (i.e., artifacts, maps, manuscripts, photographs, audio recordings, video recordings, motion pictures) and number of each:

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2. Identify copyright issues and other potential restrictions:

☐ Public Domain \_\_\_\_% of total                      ☐ Permissions have been obtained \_\_\_\_% of total

☐ Permissions to be requested \_\_\_\_% of total – Plan to address: \_\_\_\_\_

☐ Privacy Concerns \_\_\_\_% of total – Plan to address: \_\_\_\_\_

☐ Other - Explain: \_\_\_\_\_

3. List the equipment, with specifications, whether purchased, leased, or outsourced, that will be used (e.g., camera, scanner, server): \_\_\_\_\_

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4. Specify each type of file format (e.g., TIFF, JPEG) to be produced and anticipated image quality of each (minimum resolution, depth, tone, pixels) :

☐ Master \_\_\_\_\_

☐ Access \_\_\_\_\_

☐ Thumbnail \_\_\_\_\_

☐ Formats for other media (e.g., audio, video, motion picture), include sampling rates, if applicable \_\_\_\_\_

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5. Describe 1) the delivery medium that will be used and 2) the digital access management system or systems that will be used to make this material available to others. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe the quality control plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Estimate cost per image. Include costs such as scanning, quality control and indexing. Indicate the basis for calculation: \_\_\_\_\_  
\_\_\_\_\_
8. Explain how content will be discovered through metadata, including which standards you will use (e.g., MARC, EAD, Dublin Core): \_\_\_\_\_  
\_\_\_\_\_
9. Describe plans for preservation and maintenance of the digital files during and after the expiration of the grant period (i.e., storage systems, migration plans, and funding): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. If you are producing collection-level records, describe plans for submitting collection-level descriptive records to a bibliographic utility, such as Research Libraries Information Network (RLIN) or Online Computer Library Center (OCLC): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Describe plans for submitting information about the project to a national level registry of digital resources, such as the Association of Research Libraries' Digital Initiatives Database (<http://www.arl.org/did/>) or OCLC's Cooperative Online Resource Catalog (<http://www.oclc.org/corc/>): \_\_\_\_\_  
\_\_\_\_\_
12. Provide URL(s) for applicant's previously-digitized collections: \_\_\_\_\_  
\_\_\_\_\_